

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

 PAGE 1 OF 3
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) RGARIGHT DIRECTION PAC		FEC IDENTIFICATION NUMBER ▼ C C00490730	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input type="checkbox"/> New report <input checked="" type="checkbox"/> Amends report filed on <div style="display: inline-block; text-align: center;">M M / D D / Y Y Y Y Y Y 09 / 30 / 2016</div>	

Full Name of Payee McCleskey Media Strategies		Date of Public Distribution/Dissemination <div style="display: inline-block; text-align: center;">M M / D D / Y Y Y Y Y Y 09 / 29 / 2016</div>	
Mailing Address 6100 Uptown Blvd NE, #590		Amount <div style="display: inline-block; text-align: center;">14481.00</div>	
City Albuquerque	State NM	Zip Code 87110	Transaction ID : SE.4807
Purpose of Expenditure Advertising - Production (Updated to Actual)		Category/ Type 004	Date of Disbursement or Obligation <div style="display: inline-block; text-align: center;">M M / D D / Y Y Y Y Y Y 10 / 11 / 2016</div>
Name of Federal Candidate CLINTON, HILLARY RODHAM, , ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ► _____	

Full Name of Payee SRCP Media, Inc.		Date of Public Distribution/Dissemination <div style="display: inline-block; text-align: center;">M M / D D / Y Y Y Y Y Y 09 / 29 / 2016</div>	
Mailing Address 201 N Union St, Suite 200		Amount <div style="display: inline-block; text-align: center;">212590.40</div>	
City Alexandria	State VA	Zip Code 22314	Transaction ID : SE.4803
Purpose of Expenditure Television Advertising - Media Placement		Category/ Type 004	Date of Disbursement or Obligation <div style="display: inline-block; text-align: center;">M M / D D / Y Y Y Y Y Y 09 / 26 / 2016</div>
Name of Federal Candidate CLINTON, HILLARY RODHAM, , ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ► _____	

(a) SUBTOTAL of Itemized Independent Expenditures..... ►	<div style="display: inline-block; text-align: center;">227071.40</div>
(b) SUBTOTAL of Unitemized Independent Expenditures ►	<div style="display: inline-block; text-align: center;"></div>
(c) TOTAL Independent Expenditures..... ►	<div style="display: inline-block; text-align: center;"></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Adams, Michael, , ,

[Electronically Filed]

Date

M M / D D / Y Y Y Y Y Y
10 / 12 / 2016

Signature

: 97 `A=G79 @G B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+H9A=N5HCB
.

Form/Schedule: F24A
Transaction ID :

For the production costs paid to McCleskey Media Strategies, this amended report updates the originally disclosed, estimated costs (\$15,000.00) to the actual costs (\$14,481.00).

Form/Schedule:
Transaction ID:

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FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) RGH RIGHT DIRECTION PAC		FEC IDENTIFICATION NUMBER ▼ C C00490730	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input type="checkbox"/> New report	<input checked="" type="checkbox"/> Amends report filed on
		M M M / D D D / Y Y Y Y Y Y 09 / 30 / 2016	

Full Name of Payee Targeted Victory		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 09 / 29 / 2016	
Mailing Address 1033 N Fairfax St, Suite 400		Amount 20000.00	
City Alexandria	State VA	Zip Code 22314	Transaction ID : SE.4804
Purpose of Expenditure Digital Advertising - Media Placement	Category/ Type 004	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 09 / 26 / 2016	
Name of Federal Candidate CLINTON, HILLARY RODHAM, , ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought 2607140.40		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee Targeted Victory		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 09 / 29 / 2016	
Mailing Address 1033 N Fairfax St, Suite 400		Amount 15000.00	
City Alexandria	State VA	Zip Code 22314	Transaction ID : SE.4805
Purpose of Expenditure Digital Advertising - Media Placement	Category/ Type 004	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 09 / 28 / 2016	
Name of Federal Candidate CLINTON, HILLARY RODHAM, , ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought 2622140.40		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	35000.00
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	262071.40

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Adams, Michael, , ,

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y
10 / 12 / 2016

Signature